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APPLICANTS Rourke M. Yeakley, Eagle, ID;				
** CONTINUING DATA ***** <div style="text-align: right; font-family: cursive;">none EK 28 SEP 2005</div>				
** FOREIGN APPLICATIONS ***** <div style="text-align: right; font-family: cursive;">none EK 28 SEP 2005</div>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/03/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY ID		
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> In after Allowance		SHEETS DRAWING 3		
Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Examiner's Signature </div> <div style="text-align: center;"> Initials </div> </div>		TOTAL CLAIMS 17		
		INDEPENDENT CLAIMS 3		
ADDRESS FRANK J. DYKAS DYKAS, SHAVER & NIPPER, LLP PO BOX 877 BOISE , ID 83701-0877				
TITLE Pre-dosed oral liquid medication dispensing system				
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div>	